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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
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			EMC CORPO						
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a copy o filed in ea	r tais ronn, to: ach applicatio	gether with a statement unden in which this form is used	er 37 CFR 3.73(b The statement) (Form PTO/SB/	96 or equ 73/b) may	ivaient) is requ	uired to be		
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and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Ignature Khishnundu Comple					Date 2/14/06				
lame						Telephone 508-435-1000			
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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/606,483
Filing Date	June 26, 2003
First Named Inventor	Thomas E. Linnell
Art Unit	2874
Examiner Name	DOAN, JENNIFER
Attorney Docket Number	EMC03-06

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR I hereby appoint the practitioners associated with the Customer Number:								
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 47653								
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I am the: Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	/David E. Hua	/David E. Huang/						
Name	David E. Hua	Huang, Esq.						
Date	November 9,	rer 9, 2007 Telephone (508) 616-2900						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of <u>3</u> forms are submitted.								

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